

EXECUTIVE SUMMARY

SERVICE AREA AND OVERVIEW

Anderson-Oconee-Pickens Mental Health Center (AOP), established in 1962, serves the following counties: Anderson, Oconee and Pickens. Its catchment area has an estimated population of 392,096 persons.

Our active caseload as of June 30, 2016 (FY15-16) was 3,221. We provided services to 6,266 patients. AOP continues to provide services at a steady pace to meet the needs of our growing community.

AOP was among the first community mental health centers for SCDMH to assist in transitioning patients from long term inpatient hospital settings to the community. We are currently one of the largest Toward Local Care (TLC), Act-Like, and PRS service providers in the state. We have implemented both Peer Support Services and Assisted Employment Services to assist patients in achieving independence. AOP has expanded tele-psychiatry services and partners with local hospitals to provide quality care to patients waiting for inpatient hospitalization. We employ one hospital liaison in each of our three counties.

For children and adolescents, AOP partners with the Department of Juvenile Justice to render services to children at risk of out-of-home placement. Our school-based program dates back to 1997 when we began partnering with schools to increase accessibility of services to our families. In addition, AOP has staff out stationed at the Anderson and Pickens Department of Social Services to serve children at risk of out of home placements.

MISSION STATEMENT

In partnership with patients, families and communities, the Anderson-Oconee-Pickens Mental Health Center supports the recovery of persons with mental illnesses.

ADULT SERVICES

Anderson-Oconee-Pickens Mental Health Center focuses service delivery on persons with treatable mental illness with a specific focus on those with serious mental illness.

One of the core services provided to this population is Psychosocial Rehabilitation Services. Each of the three counties in our catchment area houses a Recovery Center for the provision of these services. These Community Integration Programs provide training/skill-building in the following areas: basic living skills, interpersonal skills, therapeutic skills and consumer

empowerment. As part of these services, there is focus on addressing pre-vocational assistance and increased housing stability.

Another focus area for services is within Outpatient Treatment. Clinic-based outpatient services provide assessment, linkage and treatment of serious mood/emotional disorders, and continuous discharge planning. Service delivery includes the following areas: crisis intervention, assessment, individual therapy, family therapy and group therapy, as clinically appropriate.

Specialized programs such as Assertive Community Treatment (ACT), Toward Local Care (TLC), Peer Support (PSS), Employment Services (IPS), and Co-Occurring Programs provide more intensive services to patients who have increased difficulty maintaining community tenure. These Outreach Programs seek to ensure patient stability and offer increased engagement. Stable patients reach the level of managing their illness in an outpatient treatment setting without hospitalization or relapse. At times groups are offered that teach patients skills to aid in recovery such as: medication compliance, independent living skills, and social interactions. These services are utilized to promote hope and maintenance of therapeutic gains.

Patients have access to Emergency Services twenty-four hours per day/seven days per week. Each clinic phone line rolls to an answering service who will then page an on-call mental health professional, as needed. During standard operating hours, AOP provides assessment and crisis services to patients within the local hospitals. Patients can be seen immediately during regular business hours in emergent situations. We also offer assistance with obtaining detention orders when warranted.

CHILDREN, ADOLESCENTS & THEIR FAMILIES

CAF Services provide multiple avenues to meet the patient/family needs of our catchment area. Assessment, individual therapy, group therapy and family therapy are offered in both clinic and community locations. Priority is given to children/adolescents with serious emotional disorders.

As part of CAF Services, AOP has 5 full-time clinicians providing Children's Alternative to Placement (CAP) Program. This program utilizes Rehabilitative Behavioral Health Services, specifically Behavior Modification, Family Support and Rehabilitative Psychosocial Services in schools, homes and the community. The goal of the CAP Program is to help children maintain or improve their current placement in the community by improving targeted behaviors and pro-social skills. This intensive, short-term program has been very effective in keeping our patients in the community. Community Based Services (CBS) is a CAF services program made up of 5 clinicians who serve patients and their families in Anderson, Oconee and Pickens counties. These families are experiencing severe issues that have or may result in the identified child being placed outside the home. CBS is our most intensive OP service with the primary goal of keeping families together. More than ninety percent of patients who participate in the CBS

program continue to live successfully with their families for one or more years after completion of CBS.

We have expanded the AOP CAF services to 14 full time clinicians serving patients in 24 schools. School-based services are not only effective but very popular with patients, families and school staff as well. This program is evaluated each year for expansion opportunities.

CAF services partners with Anderson County Department of Juvenile Justice to provide OP services to adjudicated juveniles with a diagnosed mental illness. As DJJ is dedicated to rehabilitating children, our out-stationed clinician is able to provide collaborative services to aid them on the road to recovery.

AOP CAF services also partners with the Department of Social Services in Anderson and Pickens counties. This partnership is designed to increase accessibility of mental health services for children & families during their time of transition and challenge. Having a clinician out-stationed in the local DSS office offers improved treatment access to patients and families. In addition to treatment, this allows us to have relevant input to DSS treatment plans for our patients. This unique position embraces the effectiveness of inter-agency collaboration to meet our patient's needs.

CAF staff participates in the Community Assertive Response Team (CART) at Foothills Rape Crisis and DSS ISDEC teams as well as partnering with local schools, group homes and child-serving agencies for the benefit of all local children.

DEMOGRAPHICS

ACTIVE CLIENTS

GENDER

- Male 1375
- Female 1851

AGE

- Under 18 728
- 18 and Older 2498

RACE

- African American 636
- American Indian 7
- Asian American 4
- More than One Race 52
- Other 55
- Spanish American 3
- Unknown 19
- White 2445

AOPMHC STAFF

GENDER

- Male 28
- Female 109

RACE

- African American 39
- Other Minorities 2
- White 96

BUSINESS FUNCTIONS & PERFORMANCE IMPROVEMENT

OPERATIONAL STRUCTURE/INFORMATION MANAGEMENT

AOP has an organizational chart that provides clear lines of supervision and responsibility. The Executive Director reports directly to the Board of Directors that consists of a diverse group of community leaders. The board members are appointed by the Governor on recommendation by the Legislative Delegations of Anderson and Oconee Counties and the Pickens County Council.

AOP has three clinical divisions: Adult Services, Children and Adolescent services and Psychosocial Rehabilitative Services. In addition, there are two county satellite clinics (Oconee and Pickens). Each division and clinic has a program manager who is responsible for the overall operation of his/her clinical area and report directly to the Assistant Director. The following staff report directly to the Executive Director: the Assistant Director, Administrative Assistant to the Executive Director and Board of Directors, Human Resources Director, Quality Assurance Coordinator, Staff Training and Development Coordinator, Peer Support and Patient Affairs Coordinator, and the Medical Director.

INPUT FROM PERSONS SERVED

AOP uses a variety of mechanisms to make sure that our programs and services are in line with the expectations of persons served, stakeholders and personnel.

Persons Served:

- Suggestion boxes conveniently placed at all program locations, with pre-printed forms
- Post-assessment surveys
- Patient advisory board meetings
- Periodic review of complaints/patient rights allegations by Patient Advocate
- SCDMH Assessments (clinical forms)
- SCDMH Plan of Care and Progress Summary (clinical forms)
- MHSIP Consumer Survey

Stakeholders:

- The State Director schedules Mental Health Forums for local legislators and stakeholders
- At least once every quarter we host a Stakeholder Community Forum hosted by the three county Probate Judges. This forum includes representatives from community hospitals, law enforcement and other agencies and advocacy groups
- Clinical Presentations made to the Board of Directors allowing for questions
- Attend Advocacy Board Meetings as requested

- AOP Board hosts an annual dinner and meeting with legislators and County Council members

Personnel:

- Annual review of all position descriptions
- Staff survey every two years
- Review of grievances
- Suggestion Boxes
- Employee Relations Committee
- Employee Incentives Committee
- All Staff Meeting held each year to discuss challenges, successes and provide additional training
- Treatment Planning/Supervision for all clinical staff
- Quality Assurance Training

FINANCIAL PLANNING

AOP develops the Center budget along major program lines.

This is the procedure used by the South Carolina Department of Mental Health and is consistent for all seventeen Community Mental Health Centers in the state. The Center Director and Administrator coordinate the budget process with input from all program managers. The budget includes state and county appropriations, grants, federal block grant funds, revenue generated through direct service provision and contractual revenues.

Our projected budget for FY16-FY17 is \$10,456,716. This represents funding from grants and other foundations, state monies and anticipated fee for service revenue. Executive staff and the Board of Directors review the operating budget monthly. Adjustments, as required, due to changes in revenues, personnel needs, operational expenses or mid-year state funding cuts are made as needed.

ACCESS TO CARE

To serve our growing population, AOP has four full-time Mental Health Clinics, two in Anderson County (Main Center for Adults and The William E. Pascoe Center for Children, Adolescents and Families), one in Oconee County and one in Pickens County. These clinics provide the primary entry point of our service delivery system and most patients access our services through these locations. Crisis services along with screening and initial clinical assessment takes place at these locations. Other intake sites include our 3 Recovery Centers, Anderson and Pickens Social Services offices, Anderson Juvenile Justice office and 24 schools located in our catchment area.

There is a structured screening process to make sure the individual's needs are within the scope of our mission and that resources exist for the organization to meet the needs of the persons seeking services. Those not accepted for services receive referrals to appropriate service providers. The screening process is reviewed periodically for effectiveness and as a means of identifying community needs.

Clinicians in all locations participate in the screening and assessment process to ensure compliance with the Department of Mental Health's Access to Care standards. AOP is implementing Open Access availability in the four full-time Mental Health Clinics. In addition, AOP is utilizing a Centralized Scheduling model to improve our ability to meet patient needs by streamlining the appointment process.

HUMAN RESOURCES

Program/Clinic Managers are responsible for determining the Human Resource needs for their service areas. Position descriptions are reviewed annually and updated as the needs of the organization evolve. Our Human Resources policies and procedures allow for recruitment of experienced personnel, as well as entry-level staff members, based on the current market and the needs of the organization. Entry-level personnel are mentored by supervisors or other experienced staff members. Training relevant to their job duties is available through Pathlore and other online SCDMH training modules. All clinical staff members receive training as needed from the QA department to assist them in providing quality services for our community while following all privacy practices.

The greatest and continuing challenge for Human Resources is the recruitment of medical personnel, including advance practice nurses and psychiatrists. The organization has utilized staffing and locum tenens agencies to fill key vacancies in these areas. Recruitment of full-time medical personnel and less reliance on temporary/contractual positions remains an urgent and primary goal of the center. Additionally, there has been some difficulty hiring Master's Level clinicians that meet the updated state credentialing guidelines.

HEALTH & SAFETY

AOP has a comprehensive health and safety program that includes competency training for all employees. Our designated safety officer chairs the Health and Safety Committee. This committee meets quarterly and has representatives from each center location. The health and safety chair also represents this department at the monthly management team meetings allowing for regular input from other departments.

AOP has a risk management committee that is comprised of clinicians from each of the counties, quality assurance, and risk management chair. This committee meets monthly to review critical incidents and identify areas in need of additional staff training. This committee

meets annually to discuss trends and make recommendations for the improvement of clinical and/or administrative services. Findings are compiled and provided to all members of the management team to allow center-wide compliance with all recommendations made.

INFORMATION TECHNOLOGY

The System Administrator is responsible for updating, on an annual basis, an analysis of our technology assets and needs. AOP was the second mental health center in the DMH system to implement the EMR in all clinic locations. This was fully in place by 2009 and has been running without fail since it was implemented. All counties are equipped to provide tele-psychiatry at this time. AOPMHC will be extending the tele-psychiatry functionality to the C&A clinic. We have increased utilization of tele-psychiatry in both Oconee and Pickens County to meet the needs of patients during physician shortages. We aim to improve physician coverage to reduce our reliance on this process of meeting patient needs. In efforts to support clinician's utilization of collaborative documentation, AOPMHC has begun the process of providing all clinicians with dual monitor stations. We will continue this upgrade until all clinician's needs are met.

QUALITY IMPROVEMENT PERFORMANCE

AOP has a multi-faceted Performance Improvement Program. Coordinated by the AOP Quality Assurance staff, the QI/PI program encompasses Risk Management, Health and Safety, Staff Development, Licensure, Peer Review, Credentialing, Administrative Support, Utilization Management, Cultural Diversity and Corporate Compliance.

The purpose of the QI/PI program is to improve efficient utilization of resources, manage risk, identify quality of care issues in need of improvement and provide training and consultation to administrative and clinical staff. Information collected and analyzed by the various components of the QI/PI program is reported on a regular basis. This information is utilized to make adjustments in the day-to-day operation of the organization. It is also incorporated into the strategic planning process.

We will continue to utilize these strategies to guide AOP towards appropriate and effective improvement.

CENTER GOALS

REVIEW OF FY 2015-2016 GOALS

1. Fill the vacant Community Based Services position (formerly Family Outreach) for Oconee County. *Accomplished*
2. Implement staff training programs for safety and improving clinical skills. *Ongoing*

3. Expand IPS program to Pickens County. *Ongoing with Modifications*
4. Expand peer support activities in all counties. *Ongoing*
5. Continue psychiatrist recruitment and explore opportunities to hire Advanced Practice RNs. *Ongoing*
6. Explore opportunities for additional center staff to provide LPC licensure supervision. *Ongoing*
7. Ensure balanced budget for FY16. *Accomplished*
8. Upgrade the center's vehicle fleet. *Accomplished with Ongoing Maintenance*
9. Assess and upgrade center information technology needs. *Ongoing*

FY 2016-2017 GOALS

1. Add a clinician to the Tamassee DAR school
2. Expand IPS program to Oconee County
3. Expand peer support activities in all counties
4. Train all clinical staff in at least one evidenced based best practice modality
5. Establish an engagement specialist position for the Anderson Center (initially) and all center locations to address and enhance patient participation in treatment
6. Continue psychiatrist recruitment and explore opportunities for expanded telepsychiatry and contractual physician coverage
7. Establish additional center staff to provide LPC licensure supervision
8. Ensure a balanced budget for FY17 while adapting to the changes in managed care Medicaid